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ABSTRACT

This orientation manual includes a compilation of activities, curriculum, records, and operating procedures of ongoing infant and toddler group care demonstration projects. The current status of three day care units is described: the Infant Day Care Unit, the Toddler Day Care Unit, and the Toddler Enrichment Unit. The manual serves as a basic resource or training text for undergraduate students enrolled in early child care and development courses. (CS)

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INSTITUTE FOR FAMILY AND CHILD STUDY

Infant-Toddler
Day Care Projects
Report # 2
November, 1972

COLLEGE OF HUMAN ECOLOGY

Orientation Manual for Trainees
in Infant-Toddler Day Care[1]

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A final note of thanks is cordially extended to all the parents of the infants and toddlers who have been enrolled in our projects during the past three years and to the over 200 undergraduate students who have participated in day care training courses and who provided sorely needed assistance in staffing the infant and toddler day care units.

Introduction

The study of early development has reached an unprecedented intensity among the various professional researchers concerned with human development. One can easily find in the literature studies of infant behavior spanning the range of psychological processes. Despite this proliferation of research in early development, researchers historically have failed to systematically confront several important aspects of infant-toddler development. For example, among those deficient research areas, is the relative neglect of research designed to determine how the infant reacts in the "natural" environment, in contrast to the more traditional question of how he reacts in highly controlled, rigid laboratory situations. In response to admonitions against the lack of ecological investigation of infant behavior, many investigators are attempting to bridge the gap between laboratory and "real" life environments.

A second historical failure of infant research has been its hesitancy to consider or develop programs for the group care of infants and toddlers. Failure to address this issue is a result, in part, of the fact that in the United States there has been no concerted demand for this type of child care.

Models for infant day care programs exist in other countries, notably the Soviet Union, Greece and Israel. Increasingly throughout the world employers are being required to provide day care facilities for their employees' children (United Nations, 1956). For example, Davidson (1964) notes that in 1961 there were 182 day care centers for Parisian children under three years of age: seven thousand, or 32 percent, of these children were less than one year of age. Surveying most European countries, Sjolin (1964) found a mean of 20 day care centers for every 1000 children under three years of age. Nevertheless, these programs are designed to inculcate the cultural patterns and behaviors of these respective societies and may or may not contain aspects that reflect desirable features for use in the United States.

Demand for infant day care is increasing throughout the United States. The International Labor Office (1964) survey in 1959, found 17 percent of working mothers to have children under three years of age. These mothers require adequate day care service for their children, and they are beginning to make demands to that effect. Moreover, humane and responsible dedication to elimination of the evils economic disadvantage and poverty creates a need for day care facilities for thousands of additional American children. Effects of day care at this stage of research and knowledge and the deleterious effects of inadequate institutional care of infants has been thoroughly documented (Bowlby, 1951; Casler, 1961; Provence & Lipton, (1962). Nevertheless, when the environmental conditions in these institutions are made more adequate these detrimental effects may be substantially curtailed (Ainsworth, 1966; Mean, 1966).

Contemporary research concerning day care curricula is sparce though not altogether lacking. Research has ranged from determining the effectiveness of rather specific cognitive-developmental curriculum models (Honig & Brill, 1970) to health comparisons between home-reared and day care center infants (Keister, 1970; Sparling, 1968). Very generally, these studies suggest that day care infants and home-reared infants develop similarly. Nevertheless, when dealing with such a profoundly important period of human development we cannot be satisfied with generalities. We must know specifically the effects of infant day care. For example, what are the implications of infant group day care for the family unit? Kagan and Whitten (1970) recently caution that inadequate day care may detract from the families' basic responsibility for rearing their children. Keister (1970) emphasizes the necessity of special individualized care for infants in groups since a headlong rush into infant programs without the assurance that quality care can be provided may be disastrous.

Infant researchers need to begin to throw their collective research expertise against these problems and generate programs for use in infant-toddler day care that meet the requirement of quality care, not adequate care. It is not enough to provide antiseptic hygienic sterile environments for infants: rather we must have trained personnel and effective programs so that the infants and toddlers reared in a group day care setting receives his rightful opportunity for normal development. The research program at Michigan State University, Institute for Family and Child Study, was developed to meet the need for programming for infants and toddlers reared in day care environments.

This manual represents a compilation of activities, curriculum, records, and operating procedures of ongoing infant and toddler group care demonstration projects. The current status of three day care units is described: the Infant Day Care Unit, the Toddler Day Care Unit, and the Toddler Enrichment Unit. The manual serves as a basic resource of training text for undergraduate students enrolled in early child care and development courses. Since 1969, approximately 200 students have received training in these courses (roughly 45% male and 55% female).

The Infant Day Care Unit, now in its 3rd year of operation, was developed specifically to design curriculum for the group care of infants from 1 month of age through approximately 12-15 months of age. (Developmental age and walking are determining factors for an infant's transition to the toddler unit rather than chronological age.) The infants are enrolled in the center from 7:30 am to 5:30 pm daily. The caregiver to infant ratio is 1:5; the addition of undergraduate student trainees makes for an actual caregiver-infant ratio of 2:5.

The Toddler Day Care Unit was begun in the spring of 1971. Structurally, this unit is analogous to the "open classroom" model: three large adjoining rooms with activity areas distributed throughout each room. There are 18 toddlers (age range 11 mo - 30 mo) in this unit with a mean staff to toddler ratio of 1:4.5. In actual practice undergraduate student trainees assigned to the unit make the ratio 2:4.5. Children attend the unit according to one of three possible time units: all day (7:30 am - 5:30 pm); morning only (7:30 am - 12:00 pm); afternoon only (1:00 pm - 5:30 pm). Whatever the time unit parent's select, attendance is on a daily basis.

The Toddler Enrichment Unit is modeled after the closed classroom and traditional preschool models. Three enclosed rooms house the major activity centers of the unit. Teachers move from room to room with their classes. The teacher-toddler ratio is 1:5. Toddlers attend the enrichment program either in the mornings or afternoons from 8:30 - 11:00 am and 1:00 - 3:30 pm, respectively, from Monday through Thursday. Trainees also staff these units so the effective ratio of staff to toddler is 2:5. This unit is the latest day care unit to have opened (Oct., 1972). Comparative studies of toddler behavior in the two toddler units are planned.

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INSTITUTE FOR FAMILY AND CHILD STUDY

INFANT-TODDLER DAY CARE UNIT

Ethical Standards for Research with Children

The following standards of ethics will govern all research projects approved for implementation in the infant day care unit. Violation of any of these standards will result in the immediate termination of the research project as well as permanent restriction from the center of the researcher.

Copies of these standards shall be given to (a) every staff member and/or volunteer worker in the center, (b) every parent with a child enrolled in the center, (c) every researcher who requests permission to conduct research in the center, and (d) to anyone who so requests to see or have a copy of the ethical standards regarding research conducted in the infant center.

ETHICAL STANDARDS FOR RESEARCH WITH CHILDREN

From: Newsletter, American Psychological Association, Division on Developmental Psychology, 1968, pp. 1-3.

Children as research subjects present problems for the investigator different from those of adult subjects. Our culture is marked by a tenderness of concern for the young. The young are viewed as more vulnerable to distress (even though evidence may suggest that they are actually more resilient in recovery from stress). Because the young have less knowledge and less experience, they also may be less able to evaluate what participation in research means. And, consent of the parent for the study of his child is the prerequisite to obtaining consent from the child. These characteristics outline the major differences between research with children and research with adults.

1. No matter how young the subject, he has rights that supercede the rights of the investigator of his behavior. In the conduct of his research the investigator measures each operation against this principle and is prepared to justify his decision

2. The investigator uses no research operation that may harm the child either physically or psychologically. Psychological harm, to be sure, is difficult to define; nevertheless, its definition remains a responsibility of the investigator.

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3. The informed consent of parents or those legally designated to act in loco parentis is obtained, preferably in writing. Informed consent requires that the parent be given accurate information on the profession and institutional affiliation of the investigator, and on the purpose and operations of the research, albeit in layman's terms. The consent of parents is not solicited by any claims of benefit to the child. Not only is the right of parents to refuse consent respected, but parents must be given the opportunity to refuse.

4. The investigator does not coerce a child into participating in a study. The child has the right to refuse and he, too, should be given the opportunity to refuse.

5. When the investigator is in doubt about possible harmful effects of his efforts or when he decides that the nature of his research requires deception, he submits his plans to an ad hoc group of his colleagues for review. It is the group's responsibility to suggest other feasible means of obtaining the information. Every psychologist has a responsibility to maintain not only his own ethical standards but also those of his colleagues.

6. The child's identity is concealed in written and verbal reports of the results, as well as in informal discussions with students and colleagues.

7. The investigator does not assume the role of diagnostician or counselor in reporting his observations to parents or those in loco parentis. He does not report test scores or information given by a child in confidence, although he recognizes a duty to report general findings to parents and others.

8. The investigator respects the ethical standards of those who act in loco parentis (e.g., teachers, superintendents, etc. of institutions).

9. The same ethical standards apply to children who are control subjects, and to their parents, as to those who are experimental subjects. When the experimental treatment is believed to benefit the child, the investigator considers an alternative treatment for the control group instead of no treatment.

10. Payment in money, gifts, or services for the child's participation does not annul any of the above principles.

11. Teachers of developmental psychology present the ethical standards of conducting research on human beings to both their undergraduate and graduate students. Like the University Committees on the use of human subjects, professors share responsibility for the study of children on their campuses.

12. Editors of psychological journals reporting investigations of children have certain responsibilities to the authors of studies they review; they provide space for the investigator to justify his procedures where necessary and to report the precautions he has taken. When the procedures seem questionable, editors ask for more information.

13. The Division and its members have a continuing responsibility to question, amend, and revise the standards.

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Professional journals, both applied and basic research

Children Today
Day Care and Early Education
Child Care Quarterly
Young Children
Human Development
Journal of Experimental Child Psychology
Developmental Psychology

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Infant Day Care Unit

Program Coordinator

Sally Ledesma

INFANT DAY CARE UNIT

A. The Infant Curriculum

Four specific programs have been developed: A sensory training program; a language-attention training program, a physical exercise and massage program; and a solitude-contingency program. A fifth program input is non-specific--it is general to all aspects of the infant's day care experience. Each infant receives, in a 1:1 caregiver infant setting, three of the specific programs weekly. (Note that these specific programs are above and beyond all spontaneous interactions that occur between caregiver and infant and are designed to provide structure for the caregiver as well as an equalization of experience for the infants in the day care unit.)

The sensory training program is designed to provide each infant with an opportunity to experience all types of sensory stimulation in a qualitative personal setting. The day and time of day each infant receives a program input is scheduled, but the specific sensory activities are selected by the caregivers. Records are maintained, however, to be sure that infants do not receive only one sensory experience at the exclusion of others. This is, in part, what we mean by a structured, flexible program. Moreover, the schedule itself is flexible to accomodate the infant's state, level of development, etc. The sensory program includes experiences with sounds, textures, shapes and colors. Of all the program inputs this one seems to spark the creative spirit of the staff the most. We have acquired a variety of original crib toys, texture books, color panels, and noisemakers.

The physical exercise and massage program was developed by adapting the exercise program used in Soviet nurseries, and incorporating into that program items from infant developmental-neurological examinations. Infants generally receive this program immediately following their bath; application of baby lotion accompanying the massage.

Massage and Exercise Program

Objectives: (a) massage: increase blood supply to the muscles, condition muscles for active exercise, relaxation.
(b) exercise: facilitate development of fine and gross motor skills, strengthen spinal reflexes.

Practical considerations:

1. Establish rapport--security of infant is essential.
2. Building up to more strenuous exercises gradually: infant state and level of development are important considerations.
3. If infant indicates apprehension, proceed slowly but consistently reinforcing his confidence with yours. If level of arousal becomes too great, terminate exercises, cuddle and pacify infant.

4. Muscle resistance important--exercise ineffective if muscles are flaccid.
5. Emphasize special needs
6. Optimum results in this program as in all others are obtained when the infant is in a well-rested alert state.

Definitions:

1. flexion: the movement at a joint in which the angle between the parts is decreased.
2. extension: the movement at a joint, in which the angle between the parts is increased.
3. inversion: inward (toward body) rotation of the part
4. eversion: outward (away from body) rotation of the part
5. prone position: lying on the abdomen with face downward
6. supine position: lying on the back with face upward.
7. active exercise: a form of body movement which the patient performs with or without the personal supervision of the operator
8. passive exercise: a form of body movement which is carried through by the operator without the assistance or resistance of the patient.

Massage and Exercise Program
(Adapted from Ledesma and Fitzgerald, 1972)

Massage or exercise	Position	Description	Beginning Age	Terminating Age
1. Arm massage	Supine, Prone or Sitting	Rub lotion (optional) into skin with gentle kneading motion.	2 mo.	6 mo. +
2. Leg massage	Supine-Prone or Sitting	Same as arm massage	2 mo.	6 mo. +
3. Foot massage	Supine, Prone, or Sitting	Same as arm massage: May do foot exercise # 8 simultaneously	2 mo.	12 mo.
4. Thoracic massage	Supine or Sitting	Rub lotion gently but briskly into chest	2 mo.	12 mo.
5. Stomach and abdominal massage	Supine	Rub lotion gently into skin of stomach and abdominal area. Caution: excess vigor may cause stomach distress especially within one hour after feeding.	2 mo.	7 mo. +
6. Back massage	Prone-Sitting	Same as arm massage	2 mo.	12 mo.
7. Reflex crawling	Prone	With legs flexed at knees and heels pressed against buttocks encourage infant (may use object just out of reach) to pull forward pushing with legs and pulling with arms. Return heels against buttocks and repeat. The exercise strengthens muscles of arm, chest, abdomin and legs. Preliminary to crawling.	2 mo.	6 mo.

8. Foot exercise	Supine-Prone	Flex, extend, invert and evert foot. Exchange feet and repeat. Foot flexibility; good alignment	2 mo.	12 mo.
9. Turning by the arms from supine to prone position.	Supine to Prone	If turning infant toward right side, grasp left arm and hold above head allowing slight flexion at elbow. Pull gently upward and slightly to infant's right side if necessary to encourage turn. Important: allow infant to do the work. Reverse procedures for turn to left side. Preliminary to rolling over from back to abdomen.	3 mo.	6 mo.
10. Coachman's movements of the arms	Sitting	Grasp arm at hand and wrist and move entire arm in full circle keeping arm parallel to body. This exercise provides full range of motion for the arm allowing for flexibility in arm movements as in reaching and pulling.	3 mo.	12 mo.
11. Stamping	Held upright	Grasp infant at chest just below arms. Raise and then lower infant allowing him to push with legs against solid surface. It is important to lower infant enough to allow good contact with pushing surface. This exercise serves to strengthen leg muscles.	3 mo.	12 mo.

12.	Suspension by the legs	Held facing caregiver	Grasp both ankles slowly lifting infant high enough to allow free suspension encourage arching of back with spine extended. Reassure infant with voice or other means. A second person is helpful if infant is unfamiliar with exercise. Lower infant so contact with surface is on forehead or chest: lower infant slowly and gently.	4 mo.	12 mo.
13.	Flexing and extending arms	Supine or Sitting	Grasping the back of infants upper arm and back of wrist, slowly flex and extend the arm from the elbow. Infant must resist (pull against the caregiver) to benefit the involved muscles. This exercise strengthens the upper and lower arm muscles.	4 mo.	12 mo+
14.	Flying prone	Prone	Supporting infant's chest and pelvis on arms and grasp outer arm and leg. Slowly to moderately move infant through the air, up, down, and around, encouraging flying motions as extended arms and legs and good head lift. Strengthens as many muscles as infant uses. Also helps establish balance and coordination.	4 mo.	12 mo. +
15.	Pull to Sitting Position: both hands	Supine to Sit	Grasp infant's hands allowing him to grasp your thumb. Slowly begin to pull him upward. Infants need to pull self up for benefit. Strenghtens back, neck, arm and abdominal muscles. Preliminary to sitting.	4 mo.	----

16.	Flexing and extending the legs together and alternately.	Supine	Grasp ankle and support upper legs if desired. Flex and extend legs simultaneously and then alternately. Strengthens leg muscles and abdominals.	5 mo.	----
17.	Flying supine	Supine	Reverse of flying prone. Similar benefits.	5 mo.	----
18.	Raising extended legs to vertical position	Supine	Grasp ankles keeping legs extended. Raise slowly to right angle with body. Strengthens muscles in the back of the leg.	5 mo.	----
19.	Turning by legs from supine to prone	Supine to prone	In turning from left side to prone-grasping both ankles, raise right leg above left and cross slightly over right leg to pull himself to prone position. Reverse in turning from right side. Utilizes muscles used in turning from supine to prone positions.	5 mo.	12 mo. +
20.	Circling movements of the arms	Sitting with infant facing or back to caregiver	Grasp extended arm at wrist and make circles (approx. 6 in. diameter) with the hand. Uses muscles of the chest and upper and lower arms	6 mo.	12 mo. +
21.	Creeping	Position: hands and knees	Place object just out of infant's reach. Encourage him to crawl towards object or sound. Frequent repositioning will be necessary. Preliminary to "true" crawling.	6 mo.	Until crawling is mastered.
22.	Circling movement of of the hip joint	Supine	See circling movements of the arm # 20.	7 mo.	12 mo. +

23. Slight lift of shoulder from prone posture	Prone--arms at side.	Grasp right or left wrist maintaining original position. Lift arm slightly up and toward center of body encouraging infant to lift shoulder. Strengthens posterior arm muscles and chest and back muscles on involved side of body.	7 mo.	12 mo. +
24. Bridge	Start from Supine	Support upper and lower back on hands of caregiver. Slowly lift infant causing back to arch and hand and feet to contact solid surface. Do not force extremities to touch. Strengthens muscles in back, chest, arms and legs.	8 mo.	12 mo. +
25. Wheelbarrow	Start from Prone	Grasp baby's legs just above ankles. Raise legs and pelvis about 6 inches. Infant will raise self on arms. Allow infant to hold position for short period of time until arm muscles are adequately conditioned. Strengthens arm and chest muscles.	8 mo.	12 mo. +
26. Climbing	Facing steps; feet on floor and hand on first step.	Provide infant with steps and encourage him to climb; an object, sound or stimulus to reach for is helpful. Climbing up is generally mastered prior to climbing down. This will call for more encouragement and persistence. Develops muscles needed for climbing. Be sure caregiver's face is in infant's view at all times.	8 mo.	12 mo. +
27. Pulled to sitting position by one hand.	Supine to sit	Grasp one hand. Start to pull infant slowly towards you. Let him take over and pull himself to sitting position. Repeat with other hand. Further strengthening of arm, back and neck muscles.	8 mo.	12 mo. +

Squatting	Upright	Supporting infant around upper chest with both hands, bounce him up and down gently into squatting position allowing him to push up with feed. Similar to stamping but with knees flexed completely with buttock resting on heels. Develops muscles used in squatting--essential for the child to retrieve object from floor.	10 mo.	12 mo. +

For each task and at each age level, the determining criterion for administering the item is the infant's developmental age or "readiness" rather than strictly his chronological age. Each infant has his own rate of development--be wary of "norms" guiding the administration of items rather than the infant's ability.

The language-attention training program is divided into three phases: orienting, classical conditioning and contingent reinforcement. First, beginning at approximately one month of age, orienting to pictures is elicited. With the infant seated on a day care worker's lap, visual fixation to a visual display is elicited by a finger snap. The fingers are located directly in back of the visual display thus the spatial location of the snap and the display are equivalent. The visual display during this phase is characterized by the sharp distinction between figure and ground. Obviously, given substantial individual differences among infants it is necessary to individualize the procedure for each infant. For example, not all one-month-old infants are able to localize a sound source. In the beginning, orienting is attempted only during a 10-second interval. With increases in the infant's age, a corresponding increase in the length of the orienting session occurs as does the complexity of the visual display. A sufficient number of trials are administered to allow for response decrement to occur: response decrement or habituation being a theoretically important ingredient of early cognitive development.

The second phase, classical conditioning, begins when the infant is approximately three months of age. In actuality few laboratory researchers or "Pavlovian purists" would be satisfied with the rubric classical conditioning being applied in this situation. Indeed, the procedure is based primarily on the elicitation aspect of classical conditioning. Thus, eliciting stimuli (finger snaps, the caregiver's voice, movement of a visual stimulus, etc.) is used to prompt an attentional response on the part of the infant which is then reinforced socially or in some instances at older age levels with nutriment. Beginning at about four months of age, contingent reinforcement begins. The day care worker might cover a visual display with her hand. When the infant fixates on the hand, the visual display is revealed, and reinforcement is delivered. Note that the major difference between this phase and the previous one is that reinforcement is contingent upon the infant's initiation of the behavior not on its being elicited by the caregiver.

The solitude-contingency program is perhaps inappropriately labeled. It does not mean that the infant is asleep (although he would certainly be free to sleep). Rather, it refers to a period of time in the nursery when individual infants have an opportunity to engage their environment in a non-dependent setting. The caregiver is out of view, the infant is either in his crib or a playpen. Crib toys as well as a variety of other objects (milk cartons, old cereal boxes, etc.) are available. This program reflects the more general need individuals at all ages have for privacy; it is the infant's time for "contemplative" reflectance upon the events of the day!

DAILY ACTIVITIES - Check List

Sensory: Mon.-Sound
Tues.-Texture
Wed. - Shapes
Thurs.-Colors
Fri.-Varied

Week	Day	Bath	Exercise	Sensory	Language	Solitude	Nap-A.M.	Nap-P.M.	Outdoors-A.M.	Outdoors P.M.

Infant Center

Day Care Illness Report

Place in square where illness occurs. If description is necessary use space for comments below. If child is absent from center, place A in square. If seen by physician place P in square.

	Week of ____							Week of ____							Week of ____						
	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S
I. Communicable disease																					
A. German measles (Rubella)																					
B. Hard measles (Rubeola)																					
C. Roseola																					
D. Chicken pox																					
E. Mumps																					
F. Hepatitis																					
G. Other																					
II. Skin lesions																					
A. Diaper rash																					
B. Heat rash																					
C. Cradle cap																					
D. Insect bites																					
E. Impetigo																					
F. Rash of undetermined origin																					
G. Other																					
III. Fever - If indicated check with thermometer and record																					
IV. Constipation																					
V. Diarrhea																					
VI. Vomiting																					
VII. Runny nose																					
VIII. Cough																					
IX. Swollen glands																					
X. Eye drainage																					
XI. Ear Infection																					
XII. Throat infection																					
XIII. Injuries																					
IVX. Other -																					

INFANT UNIT

PARENT-TO-STAFF COMMUNICATIONS

Parents - Please record any information that may help us in caring for your infant, such as: medications, diaper rash, teething, diet change, etc.

Date	Infant	Communication

Michigan State University
Married Student Activities - Day Care Program
Institute for Family & Child Study
Infant-Toddler Unit

NUTRITION RECORD

Name _____ _____

Age _____ _____

Date	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast					
Snack or Bottle					
Lunch					
Snack or Bottle					
Health Notations					

1. Record date, time, food (solids & liquids) and amount. Be specific, e.g. ½c rice cereal rather than ½c cereal, and 6 oz. w/m rather than 6 oz. form. or 6 oz. milk and ½j pears rather than ½j fruit, etc.
2. Abbreviations: T-tablespoon; t-teaspoon; c-cup; oz-ounces; j-jar; jj-Junior Jar; w/m-whole milk; s/m-skim milk; ju-juice.

Daily Chart of Infant Bowel Movements

Amt. sm, mod, lg, v. lg.

Color - brn, yel, grn,

Consistency - hard, soft, liquid, mushy, foamy, etc.

Other - w/mucous, w/blood, etc.

Name	Date	Time	Amt.	Consistency	Color	Diaper rash, etc.

INSTITUTE FOR FAMILY & CHILD STUDY
INFANT DAY CARE UNIT

Obstetrical Record

Mother's name:
Address:
Phone: Blood type _____ Height _____ Weight _____
Age: Occupation:
Father's name:
Age: Blood type _____ Height _____ Weight _____
Occupation:

General family history:
Maternal and paternal (x if present, and state relationship)

Allergies: _____ Rheumatic fever: _____
Asthma: _____ Tuberculosis: _____
Diabetes: _____ Hereditary defects: _____
Epilepsy: _____ Cancer: _____
Heart trouble: _____ Stroke: _____
Kidney trouble: _____ Psychiatric problems: _____
Mental retardation: _____ Hypertension: _____
Venereal disease: _____ Hemophilia: _____

Mother's past medical history:
Illnesses & dates: _____
_____
_____
_____
Surgeries & dates: _____
_____
_____
Allergies: _____
(foods & drugs) _____
_____
Blood transfusions: _____
Serious injuries: _____
All drugs taken: _____

Father's past medical history:
Illnesses & dates: _____
_____
_____
_____
Surgeries & dates: _____
_____
_____
Allergies: _____
(foods & drugs) _____
Blood transfusions: _____
Serious injuries: _____
All drugs taken: _____

Mother's obstetrical history:

Menstrual history: Age of menarche _____

Frequency & regularity _____

Duration & amount of flow _____

Pain & relation to flow _____

Spotting (intermenstrual, & when) _____

History of previous pregnancies:

Para _____ Gravida _____

Delivery date & sex	Labor duration	Type of delivery	Pre-Med	Anesthetic	Birth weight	Condition	Present health
1.							
2.							
3.							
4.							

Indicate presence of following (prenatal symptoms) and indicate number of pregnancies:

Spotting _____ Hypertension _____ Convulsions _____

Nausea _____ Urinary tract infection _____ Other _____

Edema _____ Vaginal infection _____ Thyroid disease _____

Headaches _____ Other infections _____

Rashes _____ Anemia _____

All medications taken during pregnancies: _____

_____

Pediatric history of _____ Birth date _____

Weight _____ Length _____ Head circumference _____

Gestation length _____ weeks

Medications administered during labor and amount of time lapse prior to delivery _____

_____

Anesthesia for delivery _____

Presentation _____

Type of delivery (Caesarian, spontaneous, forceps) _____

Episiotomy _____

Condition of infant at birth and first week:

FHT - Labor _____ During delivery _____

Heart rate after birth _____

Respirations _____ Resuscitation necessary _____

Color _____

Muscle tone _____ Reflexes _____

Apgar at 1" _____ 5" _____

Age of first voiding _____ Bowel movement _____

Exchange transfusions _____

Jaundice, & when _____

Infant's First Month Record
and
Physician's Release Form

History of infant during first month:

Formula _____ Breast _____ Vitamins _____
Feeding schedule _____ Demand _____
Feeding difficulties _____
Regurgitation _____
Diarrhea _____
Constipation _____
Colic _____
Sleeping patterns _____ Waking patterns _____
Muscle tone (strength of neck, etc.) _____
Eye coordination _____
Respirations (regular, noisy, etc.) _____
Color _____
Heart rate _____
Urination _____
Genitalia _____
Illness _____
Operation _____
Orthopaedic problem _____

The above information is required for research purposes only. It will remain strictly confidential. If publications result from the research of the center, individual infants' identities will remain anonymous.

Physician's release:

I, _____, give permission for the release of obstetrical and/or pediatric information for myself and my baby _____ to Dr. Hiram E. Fitzgerald, Coordinator of the Infant Day Care Center, Michigan State University.

This information will be used for research purposes only and strictest confidentiality will pertain to this information. If publications result from this research, data will be presented in such a way as to preserve the confidentiality of each infant's records.

Signed: _____
Mother's signature

Please check ☐ Ob.
☐ Ped.

_____
Physician's signature

Pediatric Physical Examination

Name:_____ Date:_____ Age:_____

Height:_____ Weight:_____ Head Circumference_____

Examination:

1. Head
2. Eyes
3. Ears
4. Nose
5. Throat
6. Neck
7. Chest & Lungs
8. Cardiovascular
9. Abdomen
10. Gastrointestinal
11. Genito-urinary
12. Extremities
13. Lymph Nodes
14. Neurological

Lab: (When Indicated)

1. HGB
2. Urinalysis

Immunizations:

Comments & Recommendations:

_____
Physician's Signature

INFANT DAY CARE UNIT
INSTITUTE FOR FAMILY AND CHILD STUDY
MICHIGAN STATE UNIVERSITY

Dear Mr. and Mrs. _____:

We are pleased to welcome _____ to the Infancy Unit of the Institute for Family and Child Research. Our purpose for the next nine months is two-fold: to establish some guidelines which serve to improve care in infant day care facilities on a state and national level, as well as to give impetus to the growth and development of your infant. We are certain you will have a vivacious, curious, well coordinated 10-month-old in June.

In the meantime, we will be providing basic infant care, i.e., feeding, diapering, bathing, etc. with special emphasis on eye contact as well as verbal and visual stimulation. Our program will also include a regimen of rest, play, reading, massage and exercise, and when weather permits, some outdoor activities.

Records of the above will be maintained. In addition to your infant's response to caretakers, developmental tasks and health status will be noted for research purposes.

Your contribution as a parent will be an asset to our program. You will be requested to complete various forms, including diet, medical (obstetrical and pediatric) as well as others which may be indicated.

Our schedule at the Center will concur with the University quarter system. The dates will be:

Fall term _____ to _____

Winter term _____ to _____

Spring term _____ to _____

The daily hours will be 9:00-4:30.

Attached is a release form which requires your signature indicating approval of your infant's participation in our program.

Sincerely,

Dr. Hiram E. Fitzgerald
Department of Psychology

Toddler Day Care Unit

Program Coordinator

Wilbur Swarthout

Daily Schedule for Toddlers

This schedule is intended to serve as a guide. For very young toddlers, it may be impossible to accurately keep pace with the daily schedule and teachers will have to improvise in such cases. However, for the very young child it is essential that a reasonable degree of order be maintained in his daily routine. Many of us know full well the feeling we experience at the end of a day that has been totally confusing. Imagine how this very young toddler must feel if his world provides no degree of consistency; no degree of predictability. The only conceivable way to provide regularity and order for the day care child is to program a sequence of events that the child can come to expect. A routine that the child can internalize as an environment to trust so that he ultimately achieves through this trust maximum freedom to express himself.

At the same time, we wish to avoid becoming so rigid that any deviation from the proscribed routine is intolerable. Therefore, as you read the following schedule, note carefully that specific activities are left to the teacher to plan with his group of children. Adequate professional help is available to supplement your activities. Become familiar with all equipment and activities available in the center as quickly as possible so that you make maximum use of them.

Above all, please consult and reconsult with more experienced personnel in the center for ideas in programming. Experienced personnel will be first to admit that they have not exhausted the range of possible activities with toddlers and they certainly are free to consult with you to learn your strengths and to discuss your weaknesses.

Brief synopsis of daily schedule

7:30 am	Child intake: free play period
8:30 am	Creative arts and manipulative skills
9:00 am	Toileting: prepare bottles, prepare for morning naps
9:45 am	Snack: pickup, serve, clean-up
10:00 am	Outdoor play
11:00 am	Music
11:15 am	Quiet time: stories
11:30 am	Toileting and preparation for lunch
11:45 am	Lunch
12:15 am	Begin to set up cots for afternoon naps
12:30 pm	Nap: free play for non-nappers
2:30 pm	Snack: toileting
2:45 pm	Music
3:00 pm	Outdoor play
3:45 pm	Toilet: fix bottles, (nap time for afternoon toddler classes)
4:00 pm	Small group activities: art, manipulative games, etc.
4:30 pm	Free play and outdoor
5:00 pm	Begin preparation for parent pick up.

Working Schedule for Toddlers

7:30 am Child intake: Greet each child individually. Chat with parents briefly in presence of child: this will assist reassuring child that you are one to be trusted as well as one who is secure and in control of the situation. All children are in the large play area. Gross motor skill equipment should be available as well as books and some individual games. However, the toy lockers should not be open. Each child should be immediately diaper checked and changed if necessary. During this period children should be encouraged to develop individual competence in gross motor skills (walking, running, jumping, climbing, etc.). Bear in mind that many children at this age will display some separation distress. These children should be reassured and comforted but not overindulged. They will come along nicely after a few days at the center as they develop confidence in their teacher and their environment. This period provides an excellent opportunity for the teacher to display some dependence on the child. Asking the child's assistance in making preparations for the day's activities makes him feel as though he is indeed a very important part of the center.

8:30 am Creative arts, manipulative skills. Painting, crayoning, play dough, etc. are good activities to these ends, and encourage in addition creative expression. Note that many children may wish to do many things. The teacher should plan to have a variety of
9:30 am things available so that individual needs and desires of the children may be met. Maintenance of daily records assists the teacher in determining the degree to which he or she plans diverse activities over weekly period of time.

During this period teachers should plan activities that expand children's experience knowledge of the outside world. For example, blowing up balloons, blowing out candles, learning about animals, etc. In many cases the teacher can first demonstrate an activity and then assist the child in learning the new skill or new knowledge. The more novel the information, the more stimulating the experience for the child. However, keep in mind that repetition is a primary rule for learning, especially during the early years of development. So plan only one activity or two at the most. There are many days to be spent in the center and one should never plan to accomplish too much in any one half hour or in any one day. Our program is developmental, children are developing. Therefore, repetition of activities over the course of the session will assist the child in learning new information.

9:00 am Toileting: prepare bottles, etc. Diapering and potting should be perceived as social situations rather than merely routine care activities. Check the potting chart for each child which will indicate the parent-center potting program for each child. Be sure the activity areas are staffed for those children not involved in potting.

9:45 am Snack: Toddlers can learn to participate in the preparation of snacks. Gradually they will learn to "set the table", wash up, and clean up. Do not expect children to be accomplished adults in these activities. On the other hand, they will never be if they are not given the opportunity to learn. Encourage and positively reinforce their attempts at acting "grown up." Snack time is an excellent time for story telling and reading. Teachers can take turns being story teller while other teachers attend to the snacks. When reading stories, take your time and don't be surprised if you do not finish most stories that you start. Involve children in the stories by asking them what they think is going to happen next. Keep the story telling loose and informal.

10:00 am Outdoor play: This is essentially a free play period. Teachers should not be overly concerned with teaching new skills. Allow children self expression and a chance to let loose, or to be alone. Teachers should be mindful of wandering children, fights, and general safety concerns. On rainy days the large play room may serve the same purpose of outdoors for gross motor skill play. If you wish to take several children on a walk through the field, be sure you have adequate staff and that the program coordinator has given his approval and has a list of exactly which children are with you. Know where your children are at all times.

11:00 am Music and rhythm time: Encourage children to dance, sing, learn words to simple tunes, play musical instruments, or just to listen to music. Vary the type of music during the week. Remember that music, rhythm and dance are the ingredients for stimulating body motion-feedback from such motion and activity can be extremely important to the child's developing concept of self and knowledge of his bodily functions. Help children to learn to control their body motion rather than being controlled by it. Most importantly, remember that children learn a great deal by imitation of adult models. It is very difficult to teach children about body activity unless they see active models. The adage, "actions speak louder than words," takes on a special meaning here.

11:15 am Quiet time: stories (see above). Children need to unwind before they can be expected to sit quietly for lunch or prepare for napping. Again, knowledge of imitation and modeling will help the caregiver to structure his behavior so that children have visual and verbal cues to assist their quieting down.

11:30 am Toileting and preparation for lunch. See above for toileting. Caregivers should help children learn how to wash their hands and prepare for meal time. Each day one or two children will assist in table setting and meal preparation.

11:45 am Lunch. Have morning session children prepared for parent pickup. These children should be in the large play area with supervision. Be sure to ask each parent upon arrival if they have any communications for the program coordinator or head teachers, and deliver any communications that the center staff may have for parents.

12:15 pm Preparation for afternoon naps, and reception of afternoon class. Alternative quiet play activities should be available for those children who are short nappers or who do not take naps. Expect to find wide individual differences in desire to nap, time of nap, techniques for falling asleep. For children who are tired but perhaps will not sleep, teacher may arrange several cots and sit nearby her children to encourage them to rest even if they will not nap. Play the appropriate music set aside for nap time to assist pacification. Our all day children, in particular, have busy days and rest is an essential aspect of the day care experience.

2:30 pm Snack: toileting.

2:45 pm Music and rhythm time.

3:00 pm Outdoor play.

3:45 pm Toileting, bottle preparation and nap time for afternoon classes.

4:00 pm Small group activities: art, manipulative games, etc.

4:30 pm Free play and outdoors.

5:00 pm Begin preparation for parent pick up. Children will be picked up by parents throughout this period. Be aware of the approximate time each child leaves so that they are prepared. Prior to leaving the center, each child should be freshly diapered, face and hands cleansed, etc.

Chat briefly with parents about their child's day even if day was very ordinary; parents enjoy hearing about their child's progress. This is also an excellent time to obtain information from parents about their concerns and about their child's progress at home. Release children only to parents or to their registered substitute guardians. If we do not have an adult's name on file, we cannot release the child until parents can be contacted by telephone.

TODDLER WEEKLY SCHEDULE - Checklist and Staff Assignment Guide

ACTIVITY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
FREE PLAY					
ART					
MANIPULATIVE					
TOILET					
SNACK					
OUTDOORS					
MUSIC - QUIET TIME					
TOILET					
LUNCH					
NAP - TOILET FREE PLAY					
SNACK					
MUSIC					
OUTDOORS					
TOILET					
ART - SMALL GROUP					
OUTDOOR - FREE PLAY					

NAP PROCEDURE

Before Nap:

1. Wash hands and face after lunch.
2. Toilet or diaper check.
3. Remove name tag, socks, and shoes.
4. Place clothing on the top shelf of the child's cubby; encourage other toddlers to put their own clothing away.
5. One adult will remain in the nap room after children are settled to supervise; use music with a lulling tone and a TIRED voice.
6. Maintain a moderate room temperature (70-74° F).

After Nap:

1. Nap supervisor brings child and clothes to an adult in the playroom.
2. Return blanket to the child's cubby.
3. Toilet and dress.
4. Return empty bottles to the box above the sink in the art room.
5. Stack cots in 2 columns.

END OF THE DAY CHECK LIST

1. Wash table tops.
2. Stack chairs on top of tables.
3. Return toys to proper shelves.
4. Art work rolled and placed in child's cubby.
5. Wipe changing tables and fill with diapers.
6. Wipe toddler potties clean and apply disinfectant.
7. Return outdoor play equipment to the storage area.
8. Turn off all lights and the air conditioner.

GUIDELINES FOR ADULTS

1. Bend or kneel down to the child and speak to him face to face. If necessary, turn his face gently towards you, or say "Look at me" in gentle voice.

2. Verbalize all the time - colors, names of things, reassurances. The toddler is learning new words all the time.

3. Your friendly, comforting voice is most important. Even when changing a child, a comforting voice talking about almost anything helps quiet him.

4. When a spill occurs at lunchtime, the child's comfort comes first - then the table and floor.

5. Redirect a child's energy in a positive manner, i.e., if a child is throwing blocks, suggest that he get the beanbags and bucket for throwing. "Beanbags are for throwing, blocks are for building."

6. First show a child how to use a toy but remove it from him if he is being destructive.

7. State directions in a positive manner. Obtain children's attention and state an alternative behavior if possible. Children may not know the meaning of the words you use, your tone of voice helps them learn. State simple directions and illustrate meaning by motor behavior. Ex. "Alex, leave the water in the sink."

8. Children need lots of opportunity to make their own decisions. However, give the child a choice only when you intend to leave the choice up to him.

9. Give the child a minimum of help. Let him try first, then help him if he needs help.

10. Follow up your directions or commands; let the child know you mean what you say.

11. Try not to interfere in a child's activity. Interfere if such an activity is endangering the child or another child. You may make an occasional suggestion to the child for an alternative in playing with a toy.

12. If the child does not cooperate or respond to your approach, try a new approach, don't be discouraged. Ask for help if you need it.

13. Allow the child to try to settle his own disagreements. If he is unsuccessful, or if the other child is getting the better of him, then intervene. Be kind, but firm. Show the child or demonstrate alternatives to physical aggression.

14. Do not talk about a child when he or another child is present.

15. If two children want your attention at the same time, let them both know you have heard them, then attend to one, then the other.

16. Avoid bombardments of words - too many words at once, too many directions, too long a sentence. Use instead simple directives: "Stop." "Turn around." "Come here."

17. If a child has an accident, let him know you are not upset with him. Say: "Sometimes accidents happen." Then change him to dry diapers or training pants and clothes.

SPECIFIC LIMITS FOR CHILDREN

1. Walk inside the room, no running.

2. Talk quietly inside, use noisy voices outside

3. Children may be angry, but not hurting. "I can't let you hurt other people." No hitting, biting, kicking, shoving, scratching. Tell a child what to do. "You may bite this toy." "Put your hand down." "Wait for Tom to go down the slide."

4. Children play in the classroom or modules only, unless accompanied to another area by an adult.

5. Stand on the floors, sit on the chairs or floor. No standing or sitting on tables, window sills, or shelves.

6. Leave the water in the bathroom and at the sinks.

7. Flush the toilets after toileting.

8. Wash hands after toileting and before snacks and lunch.

9. Build wooden block structures only as high as heads.

10. Aprons are to be worn when engaged in messy activity or at lunch. When hands are washed for lunch, put apron on immediately, then we know the child has been washed.

11. Objects are to be kept in their assigned place of use, i.e., play dough is to be kept in the module, off the carpeting.

12. Children take good care of the toys at school, no throwing or misuse.

13. Objects should be returned to their proper place after use. Adults supervising the child should assist him in putting the toys away.

14. Toy pieces should be taken out one at a time, not "dumped".

15. Children put the toys away. Adults should see that the cupboards are closed before going outside and during lunch. Have a select few toys out for quiet play during nap time.

16. Outdoors - Stay with the group. Do not go past the sandboxes. The toddlers do not know the dangers of cars and the street yet. Keep an eye on your assigned children at all times.

    Go down the slide: "Feet first, on your bottoms." "Climb up the other side on the ladder."

    Dig in the sand, do not throw it.

    Child must be accompanied to go indoors.

Lesson Plan Format: Toddler Unit

I. Activity:

II. Materials

III. Assumptions:

IV. Objectives:

V. Concepts:

VI. Limits:

VII. Procedure:

VIII. Evaluation:

Example of Lesson Plan

I. Activity: soap suds painting

II. Materials:

Ivory flakes
yellow & blue tempera
electric mixer & bowl
aprons
sponges

III. Assumptions: "I assume"

that the process is more important than the product
that the attention span of toddlers is short
that toddlers enjoy sensory exploration
that toddlers find sharing difficult - small groups breed better interaction
that symbols in printing will be identified by child to represent "me"

IV. Objectives:

to identify colors
to explore color blending
to express oneself through the art media
conversation- group interaction
to learn new words

V. Concepts:

straight lines
curvy lines
yellow & blue = green
circles
smooth
soft

VI. Limts:

use chairs to symbolize room for children (6 children at a time)
aprons for each child
sponge for each table

VII. Procedure:

1. Put aprons on children
2. Roll up shirt sleeves
3. Give each child a scoop of finger paint on the table top
4. Explore different parts of the hand as an instrument and different motions

VIII. Evaluation:

March 10, 1971

Dear Parents:

We would like to inform you of the acceptance of your child for enrollment in the Toddler Unit of the Day Care Center of Married Student Services. The times you have requested for your child have been scheduled. It is important that you bring a shoe box (labeled with your child's name) with a change of clothes and a plastic bag in it the first day. If your child has a special blanket or stuffed animal this may be labeled and brought with him also.

In regard to the enclosed forms, the Child Health Record must be filled in by your child's physician and brought with you on the first day your child attends the Day Care Center. Immunization requirements are listed in the Policy form. Enclosed is a list of immunization clinics for the next week, where TB tests and immunizations will be given free of charge. If attending these make sure you bring your child's record of immunizations with you.

In discussing health, it is very important that you make arrangements now for your child's care on days when he is ill and unable to come to the Center.

There is also a Release Form, an Emergency Card, a Payment Schedule, and a Payment Agreement Form which must be returned on the first day your child attends the Day Care Center.

If there are any questions regarding the Day Care Center, we will be at 355-7747, Ext. 20 on March 15-17, 1971. Otherwise we will see you and your child April 5.

Sincerely,

Sally Ledesma, R. N.

INSTITUTE FOR FAMILY AND CHILD STUDY

MARRIED STUDENT SERVICES
DAY CARE UNIT

CHILD HEALTH RECORD

_____ _____
Last Name of Child First Name Address (incl. city & zip)

Sex: Male( ) Female( ) Birthdate:_____ _____ Phone

Parent( ) or Guardian( ) (check one)

_____ _____
Name Address Phone

	Date of First Immunization	Date of Booster
Whooping Cough		
Diphtheria		
Tetanus		
Smallpox		
Poliomyelitis		
Measles		
Tuberculin Test		
Rubella		
Other		

(Source of Information) _____

HISTORY: (give date when possible)

Measles		German measles		Mumps	
Whooping cough		Scarlet fever		Poliomyelitis	
Frequent colds		Tonsillitis		Surgery	
Middle ear disease		Epilepsy		Allergies	
Bronchitis		Rheumatic fever		Diabetes	
Asthma		Chickenpox		Other	
Heart trouble		Hearing problem			

Additional Information - Family History:

Health status of: Cause of Death

Father _____ _____

Mother _____ _____

Guardian _____ _____

Siblings _____ _____

Other household members _____

Examination:

Height_____ Weight_____ General Appearance_____

Ears_____ Hearing_____ Eyes_____ Vision_____ Nasopharynx_____

Tonsils_____ Teeth_____ Palate_____ Neck_____

Cerv. glands_____ Heart_____ Lungs_____ Abdomen_____

Hernia_____ Genitalia_____ Extremities_____ Spine_____

Skin_____ General glandular_____ Posture & Gait_____

Nutrition_____ Apparent Mental Condition_____

Laboratory: (if indicated)

Urinalysis_____ Blood Count_____ Blood for Syphilis_____

Throat Culture_____ Additional_____

Diagnosis and recommendations by physician: _____

_____

_____

_____

I have on this date examined this child and find him free from any evidence of communicable disease or recent exposure to communicable disease.

Date (Signed)

Phone Address

Number Street City Zip Code

THIS COMPLETED RECORD IS TO BE RETURNED TO THE DAY CARE CENTER BEFORE CHILD"S DATE OF ENTRY.

INSTITUTE FOR FAMILY AND CHILD STUDY

MARRIED STUDENT SERVICES
DAY CARE UNIT

RELEASE FORM

I, the undersigned, as parent or guardian of _____, a child in attendance at one of the Michigan State University laboratory preschool units, by my signature agree:

(1) to the child's participation in those research studies which are approved and which are judged by the Faculty-Student Coordinating Committee and Unit Coordinator, Married Student Services - Day Care Unit, to be in no way harmful to the children involved and in no way an invasion of the privacy of his/her family, and

(2) that the results of such research may be used by the approved researcher in a professional manner, and

(3) that the Board of Trustees of Michigan State University, its agents and employees, are released from any liability resulting from such participation, irrespective of cause or effect.

It is my understanding that any questions that I may have about a particular research project will be answered by the Unit Coordinator or the Director of Married Student Services.

Signed: _____

Date: _____

Toddler Enrichment Unit

Program Coordinator

Angele Parker, M.S.

INSTITUTE FOR FAMILY AND CHILD STUDY

The Toddler Enrichment Program

The toddler program is a new addition to the laboratory preschools in the Institute for Family and Child Study at Michigan State University. The center plans to provide a safe, warm and stimulating environment for young children from twelve to thirty months of age. Due to rapid development and changing needs of children in this age group, the program will provide daily individual and group experiences. Afternoon and morning programs will meet for 2½ hours and enroll sixteen children each.

Program goals include the development of:

1. language and problem solving skills,
2. interpersonal competencies,
3. reality orientation and use of fantasy,
4. initiative and spontaneity,
5. self control,
6. self confidence in goal-directed activity.

The individual child will have ample opportunity to explore his environment through free play activity balanced by more structured teacher directed activity. Emerging skills will be reinforced in a supportive atmosphere.

The head teacher, Angele Parker, has completed the requirements for an M.S. in child development at Pennsylvania State University, has taught day care, Headstart, and laboratory preschool. Mrs. Parker also worked in research on day care for the State of Pennsylvania.

Mrs. Linda Smith, the associate teacher, has an M.A. in education from Eastern Michigan University. She has taught elementary school and day care for migrant workers. Mrs. Smith has also directed summer Tot-Lot programs.

Toddler Enrichment Unit

Schedule of Activities: General Objectives

1. To become familiar with daily routines of outdoor play, toileting, indoor play, messy and art activities, group time, snack, stories, and rest, as well as the time sequence.

2. To become familiar and to develop a warm and trusting relationship with the three teachers (as well as with regular participants in the program.

3. To begin to explore peer relations by becoming familiar with other children in the group.

4. To begin exploring socially initiating behavior.

5. To begin exploring basic program activities of art and messy play, small motor coordination games and toys, and dramatic play and large muscle activities.

6. To become familiar with toileting and/or diapering procedures and begin independence training in these areas.

7. To learn to wait turn and to share in the use of equipment.

Morning Flow Chart

8:30 - 9:00 am	Outdoor play and porch activities
9:00 - 9:30 am	Individual classes in different rooms according to schedule (clean up and toileting)
9:30 -10:00 am	Rotation of rooms (see sample schedule below)
10:00 -10:15 am	Group time in large playroom. All classes come together.
10:15 -10:45 am	Snack time--individual classes to assigned rooms.
10:45 -11:00 am	Stories in individual classrooms.
11:00 -11:30 am	Preparation for parent pickup.

	Monday	Tuesday	Wednesday	Thursday
9:00 - 9:30 Class A	Small Playroom	Art Room	Large Playroom	Small Playroom
9:30 - 10:00 Class A	Art Room	Large Playroom	Small Playroom	Art Room
9:00 - 9:30 Class B	Art Room	Large Playroom	Small Playroom	Art Room
9:30 - 10:00 Class B	Large Playroom	Small Playroom	Art Room	Large Playroom
9:00 - 9:30 Class C	Large Playroom	Small Playroom	Art Room	Large Playroom
9:30 - 10:00 Class C	Small Playroom	Art Room	Large Playroom	Small Playroom

Afternoon Flow Chart

1:00 - 1:30 pm Outdoor play and porch activities
1:30 - 2:00 pm Individual classes in different rooms according to schedule (clean up and toileting)
2:00 - 2:30 pm Rotation of room (see sample schedule below)
2:30 - 2:45 pm Group time in large play room. All classes come together.
2:45 - 3:15 pm Snack time--individual classes to assigned rooms.
3:15 - 3:30 pm Stories in individual classrooms
3:30 - 4:00 pm Preparation for parent pickup

	Monday	Tuesday	Wednesday	Thursday
1:30 - 2:00 Class A	Small Playroom	Art Room	Large Playroom	Small Playroom
2:00 - 2:30 Class A	Art Room	Large Playroom	Small Playroom	Art Room
1:30 - 2:00 Class B	Art Room	Large Playroom	Small Playroom	Art Room
2:00 - 2:30 Class B	Large Playroom	Small Playroom	Art Room	Large Playroom
1:30 - 2:00 Class C	Large Playroom	Small Playroom	Art Room	Large Playroom
2:00 - 2:30 Class C	Small Playroom	Art Room	Large Playroom	Small Playroom

Examples of Weekly Program

Monday - Tuesday:

Daily activities

Small playroom: language activity, jumbo beads for stringing, magnets, puzzles and books.

Large playroom: cardboard playhouse, dress-up clothes, doll carriage and doll, trucks and cars, piano and rhythm instruments.

Art Room: physical activity, water play at chalkboard, water table, crayons at easel, playdough and spoons.

Wednesday - Thursday

Daily Activities

Small playroom: sorting activity, pegboards, books, story record, dominoes, jumbo beads.

Large playroom: stick puppets, cardboard playhouse, animals, people and small house, music record and scarves for dancing, cars, trucks and blocks.

Art room: Paint at easel soap painting, water table, playdough and spoons.

Observer Expectations

1. Do not disturb children's or adult's activities.

2. Questions may be asked of head teacher, Gigi Parker or assistant, Linda Smith, only before or after program times.

3. Daily and weekly plans are posted in entrance way.

4. No talking, eating, drinking or smoking or tape recording in booth.

5. Booth limited to two observers only.

6. Observers are invited to observe from booth only or outdoors while in play yard. Classrooms, kitchen and office are otherwise off limits.

7. Use side entrance to toddler unit only.

8. Observation times must be prearranged with the toddler coordinator, Gigi Parker, or through a University course instructor.

9. If booth is filled when you arrive and you have prearranged your observation time, quietly explain this to the observer in booth.

10. Observation is for your own academic learning experience. Do not discuss children and/or teachers while in booth or to others socially since the children and their families have a right to privacy concerning their child's behavior.

Goals for Toddler Development

1. Walk inside the room, no running.
2. Talk quietly inside, use noisy voices outside.
3. Children may be angry, but not hurting. Don't hurt other people -- no hitting, biting, kicking, shoving, or scratching.
4. Children play in their own classroom only, and not in stairways, halls, etc.
5. Stand on the floor. No standing on chairs, tables, or house equipment.
6. Sit flat on chairs (not tables) -- four legs on the floor.
7. Leave the water in the sink area.
8. Flush toilets after toileting.
9. Wash hands with soap after toileting and before eating.
10. Build structures only as high as their heads.
11. Aprons are to be worn when engaged in a messy activity.
12. Stay in designated group at circle, small group, etc.
13. Objects are to be kept in their assigned place of use (unless specifically designated).
14. Trucks and blocks remain on the carpeted area.
15. Children take good care of the toys at school.
16. Objects should be returned to their proper places in a completed fashion (puzzles, etc.)
17. Sit down while looking at books.
18. Toy pieces are to be taken out one at a time -- and not "dumped".
19. Everyone remains at his table until the entire group at table is finished eating.
20. Closets are opened by teachers.
21. Children are to be brought in and met by parent. Do <u>not</u> let them <u>leave</u> with siblings nor a neighbor unless we have a note or call confirming this.
22. Teachers operate the record players.

<u>OUTSIDE</u>

1. Sand is to be placed on the ground.
2. Toys thrown over the fence remain there until the play period is over.
3. Stand on the ground when playing at the water table.
4. Stay on the side of the fence with your class and teachers.
5. Children are not to be outside without supervision.
6. Trikes are to stay on walks and are not to collide.

GUIDES TO INTERACTION

1. The children come FIRST!

2. Be positive!

3. Interact when you can add something to the child's discovery or growth - Be a catalyst not an answer!!

4. Help children to formulate their rules in their world. Use questions to aid their reasoning. Ex. What are teeth for?... We use them to eat with.

5. OBSERVE AND LISTEN - Children's actions "talk". Tune in through involvement with children (save adult conversation for later).

6. We don't have good and bad children, RATHER we have acceptable and non-acceptable behavior. When disciplining, discuss the issue not the child per se.

7. Praise has great powers in influencing behavior (remember how it feels).

8. Always send a child TO an activity NOT FROM an activity.

9. Help children be responsible for their toys, clothes, and actions.

10. Communicate in concrete specific terms. Ex. "Put the book on the shelf," not "Let's clean up."

11. Bend or kneel down to the child and speak to him face to face. If necessary turn his face gently towards you, or say "Look at me" in a gentle voice.

12. Use statements when the child doesn't have a choice; don't communicate in question form. Ex. "It's time for our naps, not "Do you want to take a nap?"

13. Your friendly natural voice is most important. Speak slowly and distinctly. Avoid (a) "huh," "yea," "wontcha;" (b) too many words; (c) empty statements with no meanings; (d) baby talk.

14. Follow up your directions or commands; let the child know you mean what you say.

15. If the child doesn't cooperate or respond to your approach, try a new approach don't be discouraged. Ask for help if you need it.

16. When redirecting aggression, empathize with the feeling if it is healthy, but set an appropriate limit and an alternate expression for the feeling. Ex. "I don't blame you for feeling angry with John when he bothers your blocks. But I can't let you hurt him. Tell him "No!, I want to play alone!"

17. Never talk about a child when he or another child is present.

18. Position yourselves in the room where you will have the greatest amount of vision, to see what is going on in other areas.

19. Believe it or not, you must be continually aware of what is going on around you even when you are working with one child. This may mean you have to be in three places at the same time. So move fast.

20. If you find yourself continually caught in one area/activity, let me know or ask someone to switch with you.

21. Let me know when you are ill or unable to come to class. Call the Institute or me in advance. The Institute phone number is 353-6617 or 353-7999.

EFFECTIVE DISCIPLINE

1. Do you provide experiences that help the child develop responsibility for his own behavior, experiences that help him to evaluate himself realistically, experiences that are aimed at helping him to direct his own life using good judgment?

2. Do you treat each child with as much respect as you expect him to show you?

3. Do you help each child to consider the Justice of his own acts as well as acts directed toward him?

4. Do you treat children according to their own individual needs or do you treat them "all the same?"

5. Do you help children see alternate ways to satisfy their needs and make these ways seem possible and worthy?

6. Do you discipline a child redirecting his behavior and activity rather than punishing or scolding him?

7. Do you let children know what is expected of them in advance of a new experience?

8. Can you control a situation without letting a child be a threat to your emotions and without producing resentment on his part?

9. Do you help set up limits to behavior that seem reasonable to the child?

10. Are you consistent in your expectations and demands of children?

11. Are you alert to the child's needs of recognition, acceptance and approval? Do you maintain a balance in your approval; that is, are you careful of rebuffing a child but at the same time not going over board in your approval so that his peers reject him?

12. In your daily living in the classroom do you take time to discuss situations which can point out to children how they can become a more effective person and can help them deal more effectively with others. In other words, is your goal to help each child increase his self-realization and his social skills?

13. Do you help each child to accept honest failure as a necessary part of learning and living?

14. Are you aware of physical changes in the room and weather which can effect children's behavior? Do you provide activities for those rainy day blues?

15. Do you establish routines in the classroom so the children know what to expect and can handle themselves in these situations? (Such as procedures for getting ready for lunch; getting outdoor clothing, wash time, rest time, etc.).

16. ARE YOU HAPPY TO BE A TEACHER?

Dear Parents,

We will need your assistance throughout the year in order that our program run efficiently.

Listed below are our suggestions:

1. Label all clothes that your child will be wearing and/or taking to school.

2. Supply an adequate number of paper diapers for your child during each term.

3. Always be sure to provide an extra change of clean clothes. Store in hall dresser. Check periodically.

4. Provide child with outdoor clothes appropriate for the weather.

5. Your child may bring his own "security" toy or blanket.

6. Pick up and bring your child <u>on time</u>.

7. When leaving child at Institute, always be sure to bring him directly to one of the unit teachers.

8. Check child's locker daily for things that need to be taken home.

9. Call the Institute if your child will not attend that day.

General Information For

Toddler Activities

INFANT AND TODDLER UNIT

Procedures for Hygiene

A. Diaper Changing

1. Check child frequently for wet or soiled diapers -- at least hourly. Negligence can rapidly result in skin breakdown in the form of rashes, lesions, and severe discomfort.
2. Cleanse diaper area with wet day-lee wipe (mandatory with bowel movement).
3. Baby lotion is both soothing and antiseptic. Use after changing.
4. Use Desitin ointment if indicated (diaper area reddened or rash present).
5. Do not use rubber pants over Pampers.
6. Wash hands (Phisohex or Dial) immediately after changing child and disposing of soiled diaper.

B. Cots and Cribs

1. Cots should be labeled for each child and washed weekly with antiseptic solution (Coleo -- kept in infant unit).
2. Crib linen should be changed between children as it is necessary to use each crib for more than one child. Cribs should be washed weekly with antiseptic solution.
3. Isolation crib (in corner cubicle) should be used only for this purpose -- generally while awaiting the arrival of the parent -- and should be cleansed immediately after use.

C. Snacks and Meals

1. Wash or assist child to wash face and hands prior to and after eating.
2. Volunteers likewise should be cautious in this regard.
3. Children should be bibbed prior to lunch, but not necessarily snacks.
4. Uneaten foods should be removed immediately to prevent playing in them and contamination.
5. Care should be taken that children eat only from their own plate -- using their own utensils.
6. Clean-up of eating area should proceed as soon as possible following the meal.
   a. Wash child
   b. Remove bib.
   c. Take to a carpeted area.
   d. Someone closes folding door.
   e. Washes bibs, tables, chairs.
   f. Sweeps floors.
   g. Removes cart.

D. Toys and Books

1. Those items used daily, especially those likely to be placed in the mouth, should be washed with antiseptic solution at the end of the day -- others should be washed as indicated.
2. Any broken toys should be repaired immediately or removed from circulation.
3. Remember -- a safe toy for the older child may be unsafe for the toddler or infant as most items eventually find their way to the mouth.

E. Toileting

1. Be familiar with children's progress in toilet training.
2. Consistency in training routine is important and also difficult with the large changeover in caretakers (make use of the chart).
3. Handwashing is especially important after using the toilet, as is flushing the toilet. Impress this on the child by repetition and example.

F. General Safety and Hygiene Rules

1. Handwashing upon entering unit and as indicated while working with children is essential (many infections are transmitted via the hands and fingernails)
2. Staff and volunteers should pull back and secure long hair.
3. Staff and volunteers should not be in unit with infectious symptoms as sore throats, coughs, etc.
4. When involved in activities using paste, paint, clay, beans, etc. be especially observant that these items are not ingested or beans placed in unlikely places as nose or ears.
5. Prevent children from standing on items that might invite a fall.
6. Be familiar now with emergency procedures as posted. Emergency equipment and medical supplies are available in infant unit. Each unit has first aid kit.
7. Everyone working in all units must have chest X-ray or tuberculin skin test within the past 6 months.

SONGS AND FINGERPLAYS

Here is a beehive
But where are the bees?
Hidden away where nobody sees.
Watch and you'll see them
Come out of their hive
1 2 3 4 5

I have 10 little fingers
They all belong to me
I can make them do things
Would you like to see?
I can clasp them tight
I can open them wide
I can clap them together
I can make them hide.
I can reach them up high
And reach them down low
And fold them in my lap
And lay them just so.

Here's a little turtle
He lives in a box
He swims in the water
He climbs on the rock
He snapped at a mosquito
He snapped at a flea
He snapped at a minnow
And he snapped at me.
He caught the mosquito
He caught the flea
He caught the minnow
But he didn't catch me.

5 little monkeys jumping on the bed
1 fell out and bumped his head.
Mama called the doctor and the doctor said,
"No more monkeys jumping on the bed!"

These are granny's glasses
And this is granny's hat
And this is the way she folds her hands and puts them in her lap.

Way up high in the apple tree
Two little apples smiled at me
I shook the tree just as hard as I could
Down came the apples
M-m-m-m-m-m-m were they good!

Little Duckey Duddle went wading in a puddle
Went wading in a puddle one day
Said he, it doesn't matter how much I splash and splatter,
I'm only a ducky after all.
Quack! Quack!

This is how the father Indian beats upon his drum.
Ho Ho, Ho Ho, Ho Ho, Ho Ho Hum.
This is how the mother Indian beats upon her drum.
repeat---
This is how the baby Indian beats upon his drum.
repeat---

I have a friend that you all know and _____is his name. I have a friend that you all know and_____is his name.

Oh, here we are together, together, together.
Oh, here we are together all sitting on the floor.
Here's_____and_____and_____and_____.
Oh, here we are together all sitting on the floor.

Fire Song
(tune of Pop Goes the Weasel)

Down the street the fire engine goes
The firemen go to the fire
Up the ladder with their hose
Out goes the fire. (CLAP)
Out goes the fire.

Muffin Man

Oh, do you know the Muffin Man, the muffin man, the muffin man,
Do you know the muffin man who lives on Drewry Lane?
Yes, I know the muffin man, the muffin man, the muffin man.
Yes, I know the muffin man who lives on Drewry Lane.
(Add Pizza man, Cracker man-----)

This Old Man

This old man, he plays one, he plays knick knack on my thumb (tap thumb)
With a knick knack, paddy whack, give a dog a bone
This old man came rolling home.
This old man, he plays two, he plays knick knack on my shoe (tap shoe)
With a knick knack, paddy whack, give a dog a bone,
This old man came rolling home.
(Continue with playing 3 on my knee and 4 on the floor)

Miss Polly

Miss Polly had a dolly that was sick, sick, sick
So she called for the doctor to come quick, quick, quick.
The doctor came with his bag and his hat
And he knocked on the door with a rap, tap, tap.
He looked at the dolly and he shook his head
And he said Miss Polly put her straight to bed.
He wrote on a paper for a pill, pill, pill.
I'll be back in the morning with my bill, bill, bill.

Thumbkin

Where is thumbkin, Where is thumbkin?
Her I am, Here I am (bring out right and left hand from behind back with thumb up)
How are you today, sir? (wiggle right thumb)
Very well, I thank you (wiggle left thumb)
Run away, run away (hid hands behind back, one at a time)
(This is repeated for each finger: pointer, tall man, ring man, pinky)

Here's a bunny with ears so funny (hold up two fingers)
And here is his hole in the ground (cup hand as if holding a glass)
When a noise he hears
He pricks up his ears
And jumps in his hold in the ground. (put one hand with ears into cupped hand)

_____ wore a red dress, red dress, red dress,
_____ wore a red dress all day long.

Wheels On the Bus

The wheels on the bus go round and round, (move hands around)
  round and round, round and round.
The wheels on the bus go round and round,
All through the town.

The driver on the bus says, "step back please" (hand motion to the back)
Step back please", "Step back please".
The driver on the bus says, "Step back please."
All through the town.

The wipers on the bus go swish, swish, swish (Back and forth motion with hands)
  swish, swish, swish, swish, swish,
The wipers on the bus go swish, swish, swish
All through the town.

The people on the bus go jiggle, jiggle, jiggle, (move body up and down)
  jiggle, jiggle, jiggle, jiggle, jiggle, jiggle.
The people on the bus go jiggle, jiggle, jiggle,
All through the town.

(Babies on the bus go waa-waa-waa)
Horn on the bus goes beep, beep, beep)
(People on the bus go bump, bump, bump)

There were five great big Indians
Who stood so straight and tall
They fit right in a little canoe
But one of them did fall
    (Count down to one)
And there stood Hiawatha
He stood so straight and tall
He fit right in a little canoe
  and paddled right home.

Oh, I bought me a cat. The cat pleased me.
I fed my cat under yonder tree
The cat sang fiddle-I-dee, fiddle-I-dee

I bought me a dog. The dog pleased me
I fed my dog under yonder tree
The dog said bow-wow
The cat said fiddle-I-dee, fiddle-I-dee

(add other animals)

Open, Shut

Open, shut them
Open, shut them
Give a little clap.
Open, shut them
Open, shut them
Fold them in your lap.
Creep them, creep them
Right up to your chin
Open wide your little mouth
But do not let them in.

One elephant went out to play
All on a bright and sunny day.
He had such enormous fun, he
called on another elephant to come

Two elephants went out to play,
etc.

Oh, I'm bringing home a baby bumblebee
Won't my mommy be so proud of me
Cause I'm bringing home a baby bumblebee
Bzzzzzzz, OUCH, he stung me.

Hey, everybody clap your hands, clap your hands
Hey, everybody clap your hands
(repeat using other activities or specific child's name)

Hey Theresa Mann stand up tall, stand up tall
Hey, Theresa Mann stand up tall.

When cows get up in the morning
They always say "good-day"
When the cows get up in the morning
They always say "Good-day"
Moo - moo - moo - moo
That is what they say
They say Moo - moo - moo - moo
That is what they say.

(other verses - Pigs, Sheep, Chicks, Rooster, Duck)

Little rabbit Fru-Fru, hopping through the forest
Scooping up the field mice, and boppin' 'em on the head
Down came the Good Fairy and this is what she said,
"I don't want to see you scoopin' up the field mice, and boppin' 'em on the head.
I'll give you two chances to stop or I'll turn you into an ugly <u>goon</u>.
(Repeat verse with "I'll give you one chance---)
(repeat verse until "and this is what she said")
I gave you two chances to stop and you didn't, so Ahhhhhh!
(She turned him into a goon!)

Ideas in Art

Colored chalk on sandpaper

Colored chalk in combination with crayon

Colored chalk on wet paper towels

Mix tempera paint with whipped Ivory soap flakes. Use on paper, tree branches, wood scraps, etc.

Add sand or coffee grounds, plus a little glue to tempera to make textured paint.

Brush plain water over washable crayons (Payons).

Use Payons on wet paper.

Use diluted tempera paint over crayon pictures.

Place newsprint over leaves, strings and other objects. Run the sides of unwrapped crayons over the paper.

Unwrap all crayons and encourage children to produce mass color by using the sides.

Use crayons on black construction paper (heavy marks). Cover with diluted white tempera.

Use sponge pieces for easel painting.

Dip strings in liquid tempera. Let fall on paper for free design or pull through folded paper.

Use "beautiful junk" with play dough, then let creations dry.

Use finger paints on colored magazine covers.

Sawdust soaked in colored diluted tempera can be dried and used as a 3-D material for collage. (Spread paste design on paper, shake on sawdust... over a tray).

Egg carton split the long way can be painted to make a worm. Use pipe cleaners for feelers, paint face, add spots with collage, etc.

Make turkey pictures by tracing child's hand and painting on beak, comb and legs.

Collage ideas - glue on paper or 3-D objects such as boxes, egg cartons, etc.

yarn
feathers
bottle caps
Q-tips
toothpicks
ribbon pieces
confetti (made from scrap construction paper cut in small pieces)
cereal
rice
nut shells
egg shells
sponge pieces
macaroni
cotton pieces
foil papers
straw pieces
excelsior
fabric (can be cut in geometric shapes)
beans
buttons
Easter grass
straws
leaves
shells
netting
corrugated board
burlap
cancelled stamps
ric-rac

Use eye droppers and water-color with food coloring on paper towels.

Grind tiny crayon pieces in pencil sharpener. Place shavings between two sheets of wax paper and iron with a warm iron.

Let children paint objects they find outside (rocks, sticks, leaves, etc.)

Paint with

Squeeze bottles with small openings
Bottles with thick brush or comb (from home pernanent)
Ball bottles (such as deodorant)

Try painting on a blown up balloon

Make "trick" picture by writing on white paper with white candle or paraffin wax, then dip paper in pan of thin tempera paint.

BASIC MATERIALS FOR PAINT, COLLAGE, DOUGH, WATER, PUPPETS AND SIMPLE MUSICAL INSTRUMENTS

Some things to do with Paint

1. Easel painting

2. Printing: dip sponges, corks, sink stoppers, etc., in bowls of paint and press or rub on paper.

3. Soap painting: mix Tide and water and powdered tempera (use liberally as it will be considerably lighter when it dries) until smooth and creamy. Can be applied to cardboard with fingers, brushes, or tongue depressors.

4. Table painting: use of bowls of paint and short-handled brushes.

5. Finger Painting.

6. Ink blots: prefold paper, drop thick paint onto paper, refold, open.

7. Spatter painting: wire screens on frames, toothbrushes, pans of thin paint and designs to set under the screen.

8. For variety the children can be allowed to mix their own paints to be used at table or easel. Set out colors in small amounts in paper cups and allow the children to mix. Varieties of colors can be presented such as:
   a) all primary colors.
   b) one primary color plus black or white.
   c) two colors plus black or white.

9. The teachers can mix and present unusual combinations of colors.

10. Different types of paper may be used
    a. newsprint
    b. classified ads
    c. wall paper
    d. paper towels
    e. colored paper
    f. plain manilla paper
    g. magazine pages
    h. paper bags
    i. finger paint paper
    j. dry cleaning bags

11. Paper may be cut into unusual shapes such as circles, triangles, ellipses, and anything else that can be dreamed up.

12. Cover crayon with a thin wash of paint.

13. Paint a mural on paper which is tacked or taped on the wall.

14. Mix colored powdered tempera into flour and salt dough.

Flour and Salt Finger Paint II

2 C flour
2 t salt
3 C cold water
2 C hot water
coloring

Method: Add salt to flour, then pour in cold water gradually and beat mixture with egg beater until it is smooth. Add hot water and boil until it becomes clear. Beat until smooth, then mix in coloring. Use 1/4 C food coloring to 8 ounces of paint for strong colors.

Plastic Starch Finger Paint

Plastic starch (liquid) obtainable at grocery stores
Powder paint in salt and pepper shakers

Method: Spread liquid starch over wet paper, let child shake powder paint on paper and smear with hands.

Starch and Soap Finger Paint

1 C Linit Starch
1½ C boiling water
½ C soapflakes (not soap powder)
1 T glycerine (optional, makes it smoother)

Method: Mix starch with enough cold water to make smooth paste. Add boiling water and cook until glossy. Stir in soap flakes while mixture is warm. When cool, add glycerine and coloring (powder paint, poster paint, or vegetable coloring). Mixture can be kept for a week or placed in jar with a tight lid.

Cornstarch Finger Paint

8 parts water
1 part cornstarch
coloring

Method: Bring water to boil (colored slightly darker than desired paint). Dissolve cornstarch and stir together. Bring water to boil again. Cooled paint will be slightly thicker.

Wheat Flour Paste Finger Paint

3 parts water
1 part wheat paste flour
coloring

Method: Stir flour into water, add coloring. (Wallpaper paste can be bought at low cost in wallpaper stores or department stores.)

Flour and Salt Finger Paint I

1 C flour
1½ C salt
3/4 C water
coloring

Method: Combine flour and salt, add water. This has a grainy quality unlike the other finger paints, providing a different sensory experience. Some children enjoy the different touch sensation when 1½ C salt is added to any of the first three recipes.

MATERIALS WHICH MAY BE USED WITH DOUGH

1. Cookie cutters, rollers, tongue depressors

2. Materials which may be stuck into dough:

   toothpicks
   beads
   pipe cleaners
   buttons
   shells
   Q-tips
   sticks
   wire
   feathers
   nuts
   seeds
   paper clips
   brads

   Visit the dime store and the hardware store and browse around the counters for new materials.

DOUGH RECIPES

#1 Cooked Dough

1 C flour (approximately)
1/2 C cornstarch - blend with cold water
4 C boiling water, add 1 C salt

Method: Pour hot mixture into cold. Put over hot water and cook until clear. Cool overnight. Knead flour in until right consistency, adding color with flour.

#2 Cooked Dough

2 T cornstarch
4 T salt
4 T boiling water

Method: Mix cornstarch and salt. Add color if desired. Pour on boiling water, stir until soft and smooth. Place over fire until it forms soft ball. If material crumbles, add a little boiling water. In using, if it sticks to fingers, dust hands with cornstarch.

#3 Uncooked Dough

Either 3 parts flour to 1 part salt or
equal parts flour and salt
water until right consistency

Method: Mix flour and salt thoroughly. Add to this colored water (color water with vegetable coloring or powder paint). Or add dry powder paint to flour and salt and mix before adding clear water. Use just enough water so you can make a ball of dough. Knead on floured surface until it has become a pliable, smooth clay ball.

#4 Uncooked Dough with Alum

2 C flour
1 C salt
1 T powdered alum (available at any drug store)

Method: Combine dry ingredients with as much water as needed to soften and make mixture pliable.

Storage: Dough can be stored in airtight container such as plastic bag, jars, wrapped in wax paper, etc. May keep longer in refrigerator, but it needs time to "warm up" before using.

WAYS OF USING POWDERED TEMPERA

1. Let child dampen paper by patting with wet sponge. Provide dry tempera in salt shakers, let child sprinkle on paper and spread with a brush.

2. Provide dry tempera in open containers, and a container with liquid starch or water. Let child wet brush, then dip into dry tempera and paint on dry paper. New, grainy textures appear.

3. Use stencils cut from lightweight oak tag and dry tempera. Child dips finger in dry color and rubs across edge of stencil shape onto rough paper. Colors can be blended.

4. Mix tempera with buttermilk for a different feel. Use powdered or liquid detergent when mixing to keep paint from settling. Makes colors wash off hands and clothes easier too.

5. Mix tempera with soap powder to whipped cream consistency. Place several containers of different colors in center of table. Child applies thick paint to paper with fingers. Results in a bas-relief effect.

6. Mix soap flakes, tempera, and very little water by beating with a rotary beater until stiff. Use fingers to apply to cardboard.

7. Try using a brayer (roller used for block printing). Put a teaspoon full of each color of tempera near edges of a cookie sheet or aluminum foil taped to table. Roll brayer back and forth until it is covered evenly with paint. Let child roll over the paper in different directions. If string, paper shapes, paper clips, etc., are placed underneath the paper, different effects are obtained.

8. Load a sponge (push paint into sponge with knife or tongue depressor) then use it as a stamp pad. Try spools, sticks, blocks, etc., as a printer. Press object onto sponge, then print on paper.

9. Or, load a sponge, let child place paper shape on it and print. The shape will come up plain with a paint background. The sponge will print several times before it needs reloading.

10. Try string painting. Dip a 24" piece of string in tempera, lift out and place on piece of paper in any form desired. Put another piece over string, hold a square of cardboard on top with gentle pressure, and pull string out. Interesting and imaginative designs appear. Vary this by letting child place wet string on paper and push and pull it in different directions with his finger.

11. Try using a brayer (block printing roller). Put several teaspoons of liquid tempera or different colors in a cookie tin or piece of aluminum foil. Roll brayer back and forth through it and then onto paper. Shapes cut from oak tag and placed under the paper will pick the design on the paper. Or, wind a string around the brayer and tie.